

Department of Regulation & Licensing

State of Wisconsin
(608) 266-5511

TTY# (608) 267-2416
TRS# 1-800-947-3529

hearing or speech
impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: web@mail.state.wi.us

FAX#: (608) 267-3816

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS, AND SOIL SCIENTISTS

PROFESSIONAL GEOLOGIST SECTION

REGISTRATION INSTRUCTIONS FOR THE FUNDAMENTALS AND PRINCIPLES AND PRACTICE EXAMINATIONS

APPLICATION PROCEDURE FOR NEW CANDIDATES:

To register for the FIRST TIME for the examinations, applicants must submit the following at least 60 days prior to the date of the examination:

1. An Eligibility Application (#2542) to the Department of Regulation and Licensing; **AND**
2. An Examination Scheduling Form and fees to CPS Human Resource Services.

Materials are enclosed.

Applicants are encouraged to apply to the Department well in advance of the deadline date in order to allow time for review of eligibility.

I. FILING ELIGIBILITY APPLICATION WITH THE DEPARTMENT OF REGULATION AND LICENSING

ALL NEW APPLICANTS (those applying for the examinations for the first time in Wisconsin) must submit the following to the Department of Regulation and Licensing to determine eligibility to sit for the exams:

- a) An Eligibility Application (Form #2542)
- b) An Experience Record (Form #2392)
- c) Supervised Experience Evaluation (Form #2446), if applicable
- d) Peer Review Evaluation (Form #2445), if applicable
- e) Official transcripts showing courses taken and degrees received.
Unofficial transcripts are not acceptable.
- f) \$53 initial credential fee.

Completed Eligibility Applications must be mailed directly to the Department at the above listed address. Eligibility application materials mailed by special courier must be addressed to: Department of Regulation and Licensing, 1400 E. Washington Avenue, Room 142, Madison, WI 53703.

If you have taken the exam in another state, your status would be as a **NEW** candidate.

Retake applicants who have previously taken the examination in Wisconsin are not required to resubmit this information to the Department of Regulation and Licensing. **All** applicants for the exam must submit a Examination Scheduling Form and fee to CPS Human Resource Services either on-line or through the mail.

State of Wisconsin Department of Regulation & Licensing

II. FILING EXAMINATION SCHEDULING FORM WITH CPS RESOURCE SERVICES

All applicants must submit a completed Examination Scheduling Form and examination fee directly to CPS Resource Services each time you apply to take the exam. You may apply on-line at www.cps.ca.gov. Or you may obtain an application by calling (916) 263-3644 or by writing to:

CPS Human Resource Services
ATTN: Wisconsin A-786
241 Lathrop Way
Sacramento, CA 95815

DO NOT SEND YOUR EXAMINATION SCHEDULING FORM AND FEE TO THE DEPARTMENT OF REGULATION AND LICENSING.

III. EXAMINATION DATE AND FILING DEADLINES

There is a 60 day filing deadline for both eligibility and scheduling application materials. No exceptions to the filing deadline will be accepted. All application materials must be **postmarked** no later than the filing deadline. Candidates are encouraged to apply as early as possible for the desired examination date. If you are found ineligible to sit for the examination, CPS will refund the entire amount of the fee sent to them for scheduling the exam upon written request.

EXAM DATE/FILING DEADLINE:

<u>2002</u>	<u>2003</u>
Exam: October 4, 2002	Exam: March 7, 2003
Deadline: August 4, 2002	Deadline: January 7, 2003
	Exam: October 3, 2003
	Deadline: August 3, 2003

IV. REQUIREMENTS

FUNDAMENTALS EXAMINATION:

To apply for the fundamentals examination, an applicant must have completed one of the following requirements:

1. Be not less than second semester senior standing in a bachelor program in geology meeting the requirements of GHSS 2.04;
2. Have completed at least 24 semester hours or 36-quarter hours in geology and be of not less than second semester senior in a bachelor program meeting the requirements of GHSS 2.04;
3. Have completed at least 5 years of experience which has been determined by the section to be equivalent to the requirements of GHSS 2.04.

NOTE: GHSS 2 can be found on the web at <http://www.legis.state.wi.us/rsb/code/ghss/ghss002.pdf>

State of Wisconsin Department of Regulation & Licensing

PRINCIPLES AND PRACTICE EXAMINATION:

To apply for the principles and practice examination, an applicant must have completed one of the following method requirements:

Method 1:

1. Does not have an arrest or conviction record;
2. Have completed a bachelor's degree with at least 30 semester hours or 45 quarter hours in geology meeting the requirements found in GHSS 2.04 or have at least 5 years of professional experience in addition to the qualifying experience which is determined by the section to be equivalent;
3. Have completed at least 4 years of professional experience in geologic work or completed at least 3 years of professional experience in geologic work if the applicant has 1 or more advanced degrees relevant to the practice of professional geology demonstrating that the applicant is qualified to assume responsible charge of geologic work. At least 1 year of the qualifying professional experience must have been performed under a supervisor who is a registered professional geologist either in this state or in another state, or who is deemed qualified by the section to have responsible charge of geologic work.

Method 2:

1. Does not have an arrest or conviction record;
2. Have completed a bachelor's degree with at least 30 semester hours or 45 quarter hours in geology meeting the requirements found in GHSS 2.04 or have at least 5 years of professional experience in addition to the qualifying experience which is determined by the section to be equivalent;
3. Have completed at least 6 years of professional experience in geologic work or completed at least 5 years of professional experience in geologic work if the applicant has 1 or more advanced degrees relevant to the practice of professional geology demonstrating that the applicant is qualified to assume responsible charge of geologic work. At least 1 year of the qualifying professional experience must have been performed under a peer review system.

Experience Record (Form #2392)

To verify that you have completed the experience requirement, please complete the enclosed experience record form.

Supervised Experience Evaluation Form (#2446)

To verify your experience, please have the enclosed Supervised Experience Evaluation Form completed by your supervisor.

Peer Review Evaluation Form (#2445)

If you acquired your experience under the peer review system, please have the enclosed form completed by the evaluator. You need a total of three peer review evaluations.

State of Wisconsin Department of Regulation & Licensing

Official Transcripts

If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). Transcripts for courses and degrees claimed in qualifying to sit for the exam are required. Unofficial copies of transcripts are not acceptable. Official transcripts showing courses taken and degrees received are required. Transcripts must be sent by the college to you. You must send the transcript in the sealed envelope with your application to the Department of Regulation and Licensing.

V. NAME AND/OR ADDRESS CHANGE

Any applicant scheduled for the examination who changes their name and/or address should notify the Department of Regulation and Licensing within 30 days of the name change.

Department of Regulation & Licensing

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P.O. Box 8935, Madison, WI 53708-8935

E-Mail: webl@mail.state.wi.us

FAX #: (608) 267-3816

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PROFESSIONAL GEOLOGISTS SECTION

ELIGIBILITY APPLICATION FOR THE FUNDAMENTALS AND PRINCIPLES & PRACTICE EXAMINATIONS

Information requested is required for processing.

PLEASE TYPE OR PRINT IN INK

Last Name: _____ First Name: _____ MI: _____

Former Name(s) - (If Applicable): _____

Street Address: _____

(A Post Office Box is NOT Acceptable)

City: _____ State: _____ Zip: _____

Phone (days): (____) _____ Date of Birth: _____

Ethnic and gender status information is optional, and is for research and reporting to the Equal Employment Opportunity Commission.

Race: _____ (1) White, not of Hispanic origin
_____ (2) Black, not of Hispanic origin
_____ (3) Hispanic
_____ (4) American Indian or Alaskan
_____ (5) Asian or Pacific Islander
_____ (6) Other

Sex: _____ M _____ F

APPLYING FOR:

_____ Professional Geologist

Indicate Exam(s) Applying For:

_____ Fundamentals

_____ Principles and Practice

QUALIFICATIONS: PLACE an "X" in ONE space indicating how you qualify

_____ Bachelor's Degree only (or second semester senior)

_____ Bachelor's Degree and 4 years experience with at least one year supervised experience

_____ Bachelor's Degree and 6 years experience with at least one year under peer review system

EDUCATION: (Official transcripts required)

Colleges
Attended

Degree
Received

Date of
Graduation

Major

State of Wisconsin Department of Regulation & Licensing

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/>	<input type="checkbox"/>

AFFIDAVIT OF APPLICANT

I understand that eligibility for examination does not imply eligibility for licensure and that upon successful completion of the examination, additional information will be requested by the Examining Board of Professional Geologists, Hydrologists and Soil Scientists to satisfy requirements outline in Chapter 470, Wisconsin Statutes, and Chapters GHSS 2, Wisconsin Administrative Code.

Under the penalties of perjury, I declare the information contained in this application is true to the best of my knowledge and belief.

Signature of Applicant

Date

Department of Regulation & Licensing

State of Wisconsin
(608) 266-2112

TTY# (608) 267-2416, hearing or speech
TRS# 1-800-947-3529, impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: web@drl.state.wi.us

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-1803

ADDENDUM TO APPLICATION

Information requested is required for processing.

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name

Middle Initial

Last Name

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Social Security Number or FEIN

Date of Birth

Type of Credential

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

INFORMATION AVAILABLE TO THE PUBLIC - NONDISCLOSURE OF CERTAIN PERSONAL INFORMATION

☐ Your name, credential number, address, status and other credentialing information are available to the public. However, you may check this box to declare that your name and address not be disclosed on any list of ten or more individuals that the department furnishes to another person.⁵

DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.⁶ If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.²

#2380 (Rev. 1/02)

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

⁵ Section 440.14, Wis. Stats.

⁶ Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Committed to Equal Opportunity in Employment and Licensing

Application Addendum
CONVICTIONS AND PENDING CHARGES

[You must complete this form if you checked "Yes" in response to any of the application questions on convictions or pending charges.]

Your application states that you have been convicted of a crime, or that criminal charges are pending against you. The Fair Employment Act (sections 111.31 through 111.395 of the Wisconsin Statutes) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest "substantially relate to the circumstances of the particular job or licensed activity". The information requested in this form will be used to determine whether your application should be granted, approved with limitations, or denied. **This form must be signed and notarized.** The information you provide in this form may be verified against criminal information records, and an omission of information on this form will be considered a false statement on an application.

For questions, contact Jan Bobholz, Division of Business Licensure & Regulation, at (608) 266-5511.

(Hearing or speech impaired only: TTY# (608) 267-2416; TRS# 1-800-947-3529).

Please Type or Print in Ink

Type of Credential: _____

Name: _____ Date of Birth: _____

Address: _____

Race*: _____ Sex*: _____ Social Security Number**: _____

*This information is necessary to check criminal information records. **This information helps us but is voluntary.

1. List any other names you have ever used, especially any names under which you have been arrested:

2. List all felonies, misdemeanors, traffic crimes and other violations of state or federal law of which you have ever **been convicted**, in this or any other state, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date of conviction, the location of the court (county and state) and the complete sentence received (fine, imprisonment, probation, etc.). Do not include municipal ordinance violations or traffic offenses, **except**: include convictions for any offenses involving alcohol or drug use, especially convictions for operating a motor vehicle while intoxicated (OWI, DUI, etc.). Attach another sheet if necessary.

Offense	Date	Location	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment, or counseling program? ____ Yes ____ No.

4. If your answer to the above is "yes", did you successfully complete the program? ____ Yes ____ No
When? _____ What evidence can you provide that you successfully completed the program? (Attach certificate of completion or provide name and address of agency for verification.)

5. Have you ever been sentenced to probation, been placed on parole, or been ordered to pay restitution?
____ Yes ____ No
6. If your answer to the above is "yes", did you successfully complete probation or parole, or make restitution as ordered? ____ Yes ____ No. When?

List the name(s), address(es) and phone number(s) of any probation or parole officer(s) presently or previously assigned to you or your case(s):

7. List all felonies, misdemeanors, traffic crimes and other violations of state or federal law for which you have been arrested and which are **pending**. For each, list the date of arrest, the location of the court (county and state), and the current status of the charge. Attach another sheet if necessary.

Offense	Date	Location	Current Status

8. Give any explanation you feel necessary with regard to your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of any credential granted to me, or criminal prosecution.

Signature Date

Signed and sworn to before me this _____ day of _____, _____.

Signature of Notary Public

SEAL

My commission (expires _____) (is permanent).

**State of Wisconsin
DEPARTMENT OF REGULATION AND LICENSING
DIVISION OF BUSINESS LICENSURE & REGULATION
P.O. BOX 8935, MADISON, WI 53708-8935**

Department of Regulation & Licensing

State of Wisconsin

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Website: <http://www.drl.state.wi.us/>

FAX# (608) 267-3816

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

EXPERIENCE RECORD

Information requested is required for processing.

Type or print your name:	Type of license you are applying for:	Date:
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Engagement	Date	Title of Position, Name and Address of Employer, and Extent of Experience and Responsibility Make statement concise. Designate each engagement by a separate number. Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility. University or college shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your last entry. Any necessary amplification may be made on a separate sheet.	Name, Title and Address of an individual (not deceased) familiar with each engagement, preferably the person to whom applicant reported.
#1 <input type="checkbox"/> <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		
#2 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM _____ mo/yr TO _____ mo/yr		

#2392 (Rev. 10/01)

Chap. 470, Stats.

-OVER-

Committed to Equal Opportunity in Employment and Licensing

State of Wisconsin Department of Regulation & Licensing

<p>#3</p> <p><input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p>	<p>FROM</p> <hr/> <p>mo/yr</p> <p>TO</p> <hr/> <p>mo/yr</p>		
<p>#4</p> <p><input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p>	<p>FROM</p> <hr/> <p>mo/yr</p> <p>TO</p> <hr/> <p>mo/yr</p>		
<p>#5</p> <p><input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime</p> <p>_____ hrs/week</p>	<p>FROM</p> <hr/> <p>mo/yr</p> <p>TO</p> <hr/> <p>mo/yr</p>		

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E-Mail: dorl@dr1.state.wi.us

Website: <http://www.dr1.state.wi.us/>

FAX #: (608) 267-3816

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

SUPERVISED EXPERIENCE EVALUATION FORM

Information requested is required for processing.

Applicant's Name	Date
Type of Credential Applying For:	

All applicants applying for registration under Chapter 470, Wisconsin Statutes must complete this form. Failure to provide the requested information will result in denial of licensure.

The applicant is required to complete the Description of Supervised Experience on page 3 and submit this form to his or her supervisor or evaluator to verify the experience received.

SUPERVISOR EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION

The applicant named above has filed an application for licensure with the State of Wisconsin. This registration depends, among other considerations, on the verification of the extent, diversity, and quality of his/her practical training and experience under a licensed professional or persons the Section determines is qualified to have responsible charge of work as described on Page 3 by the applicant. Please assist us by supplying the information requested based upon your own personal, first-hand knowledge of the applicant. (Attach additional pages if needed.)

Name of Supervisor Evaluator _____ Title _____
Profession and specialty (if any) _____ Years of Experience _____
Name of Firm _____
Street Address _____
City/State/Zip Code _____
Nature of Current Business _____

A supervisor evaluator must meet the requirements as a professional as stated under sec. 470, Stats. Please list your professional certification, credential (license) or registration.

Type	Issuing State or Organization	Number	Year Issued

State of Wisconsin Department of Regulation & Licensing

SUPERVISOR EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION TO VERIFY THE EXPERIENCE RECEIVED OR A PEER REVIEWED PROJECT

FOR SUPERVISOR EVALUATOR OF APPLICANT APPLYING BY SUPERVISED EXPERIENCE:
The portion of employment or experience we wish you to verify is described by the applicant on page 3 of this form. Please state your opinion regarding the accuracy of the description, including duration, extent and complexity of work, and indicate your evaluation of the applicant's performance.

Are there any items of the described experience which you cannot verify? If so, please explain. _____

Additional comments (if any) _____

Supervisor Evaluator's signature _____ Date _____

UPON COMPLETION, THIS FORM IS TO BE RETURNED TO THE DEPARTMENT OF REGULATION AND LICENSING BY THE SUPERVISOR EVALUATOR. (Page 3 of this form must be attached.)

State of Wisconsin Department of Regulation & Licensing

THIS SECTION TO BE COMPLETED BY THE APPLICANT

DESCRIPTION OF SUPERVISED EXPERIENCE

Name of Applicant _____

Name and Business Address of Applicant's Employer at Time of Experience

Name of Supervisor Evaluator _____

Dates of Employment: _____ to _____
month/year month/year

Total Experience _____ to _____ Percent of Time _____
month/year month/year (100% if full time)

Applicant should make explicit statements listing and defining work performed, listing and defining projects for which he/she had full or partial responsibility, including statement of extent and complexity of work performed. If more space is needed, attach additional sheet.

Department of Regulation & Licensing

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EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

PEER REVIEW EVALUATION FORM

Information requested is required for processing.

Applicant's Name	Date
Type of Credential Applying For:	

For applicants applying under sec. 470, Stats., submission of at least 3 "peer evaluation" forms satisfactory to the professional section completed by a registered professional who has had professional contact with the applicant's practice and who certifies that the applicant is qualified to assume responsible charge of work.

The applicant is required to complete the Peer Reviewed Project Description on page 3 and submit this form to his or her supervisor or evaluator to verify the experience received.

PEER REVIEW EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION

The applicant named above has filed an application for licensure with the State of Wisconsin. This registration depends, among other considerations, on the verification of the extent, diversity, and quality of his/her practical training and experience under a licensed professional or the persons the Section determines to have responsible charge of work as described on Page 3 by the applicant. Please assist us by supplying the information requested based upon your own personal, first-hand knowledge of the applicant. (Attach additional pages if needed.)

Name of Peer Review Evaluator _____ Title _____
Profession and specialty (if any) _____ Years of Experience _____
Name of Firm _____
Street Address _____
City/State/Zip Code _____
Nature of Current Business _____

A peer review evaluator must meet the requirements as a licensed professional as stated under sec. 470, Stats. Please list your professional certification, credential (license) or registration.

Type	Issuing State or Organization	Number	Year Issued

State of Wisconsin Department of Regulation & Licensing

**EVALUATOR IS REQUIRED TO COMPLETE THIS SECTION TO VERIFY THE
HYDROLOGICAL EXPERIENCE RECEIVED OR A PEER REVIEWED PROJECT**

FOR PEER REVIEWER OF APPLICANT APPLYING BY PEER REVIEW:

The work product we wish you to verify is described by the applicant on page 3 of this form. Please verify your peer review, the accuracy of the description of what you reviewed, and indicate your evaluation of the applicant's analysis. Include your opinion on the complexity of the problem and the thoroughness of the analysis and application of principles.

Evaluator's signature _____ Date _____

**UPON COMPLETION, THIS FORM IS TO BE RETURNED TO THE DEPARTMENT OF
REGULATION AND LICENSING BY THE EVALUATOR. (Page 3 of this form must be attached.)**

State of Wisconsin Department of Regulation & Licensing

THIS SECTION TO BE COMPLETED BY THE APPLICANT

DESCRIPTION OF HYDROLOGIC EXPERIENCE

Name of Applicant _____

Name and Business Address of Applicant's Employer at Time of Experience

Name of Supervisor _____

Dates of Employment: _____ to _____
month/year month/year

Total Experience _____ to _____ Percent of Time _____
month/year month/year (100% if full time)

Applicant should make explicit statements listing and defining work performed, listing and defining projects for which he/she had full or partial responsibility, including statement of extent and complexity of work performed. If more space is needed attach additional sheet.

Department of Regulation & Licensing

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(608) 266-2112

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Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-1803

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 10/00) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code